Effective October 1, 2000 09/157909												9										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY											
TOTAL CLAIMS							Γ	RATE	FEE		RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA		8	ASIC FEE	355.00	OR	BASIC FEE	710.00										
TOTAL CHARGEABLE CLAIMS			7-1 minus 20=		. 51			X\$ 9=	459	OR	X\$18=											
INDEPENDENT CLAIMS			4 minus 3 =					X40=	40	OR	X80=											
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=											
• If	* If the difference in column 1 is less than zero, enter "0" in column 2								854	OR	TOTAL											
1// GLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL											
ENT A		CLAIMS REMAINING AFTER AMENDMENT	NUM PREVI		HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
<b>AMENDMENT A</b>	Total	./03	Minus		7/	-32		X\$ 9=	288	OR	X\$18=											
	Independent	· [3]	Minus &		<b>B</b> .	=	1	X40=		OR	X80=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					L_	J	+135=		ОЯ	+270=											
						•	L	TOTAL		OR	TOTAL											
		(Column 1)		(Colu	ımn 2)	(Column 3		DDIT. FEE	· L	1	ADDIT. FEE											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA	][	RATE	ADDI- TIQNAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus	••		=	] ]	X\$ 9=		OR	X\$18=											
	Independent	•	Minus	***	= = 1 1 11 1	=	4 [	X40=		OR	X80=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=											
AD							TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE												
		(Column 1)		(Colu	ımn 2)	(Column 3																
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***		=	41	X40=		OR	X80=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┙┞	+135=	<b>†</b>	1												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR OR	TOTAL											
** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE																						
	The "Highest Nur	mber Previously Pa	id For" (Total	or Indepen	dent) is th	e highest numi	ber foul	nd in the a	ppropriate bo	ox in co	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

**Application or Docket Number**